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CONFIRMATION NO. 8459

<b>SERIAL NUMBER</b> 10/754,173	<b>FILING OR 371(c) DATE</b> 01/08/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> P-10537.03
<b>APPLICANTS</b> John L. Sommer, Coon Rapids, MN; James A. Coles JR., Minneapolis, MN; Daniel C. Sigg, St. Paul, MN;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/262,046 10/02/2002 PAT 7,103,418 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/21/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>[Signature]</i> <i>[MB]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 24
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 27581				
<b>TITLE</b> Medical fluid delivery system				
<b>FILING FEE RECEIVED</b> 842	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	